

STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
Division of Risk Management
PO Box 110218
Juneau AK 99811-0218
Phone (907) 465-2180

LIABILITY ACCIDENT NOTICE

☐ Auto ☐ Other

DEPARTMENT		SECTION		LOC. CODE		DIRECTOR	
DIVISION		REGION		LOC. NAME		SUPERVISOR	
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME		FIRST NAME					
ADDRESS				ZIP		RESIDENCE PHONE	
BUSINESS PHONE				WHERE CAN EMPLOYEE BE CONTACTED?			
WHEN?							
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS A.M./P.M.		LOCATION OF ACCIDENT (INCLUDING CITY & STATE)				POLICE TO WHOM REPORTED	
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY)							
STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY	
VEHICLE NO.		YEAR		MAKE		MODEL	
VIN (VEHICLE IDENTIFICATION NO.)		PLATE NO.		PHONE			
STATE OWNED <input type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR				PHONE	
NAME OF DRIVER		AGE		ADDRESS OF DRIVER			
PHONE							
WAS DRIVER A STATE EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE				USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIBE DAMAGE		REPAIR ESTIMATE \$		WHERE CAN VEHICLE BE SEEN?		WHEN?	
PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE	
OWNER		ADDRESS				PHONE	
OTHER DRIVER () SAME AS OWNER		ADDRESS				PHONE	
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE		REPAIR ESTIMATE \$		WHERE CAN CAR BE SEEN?			
INJURED		INJURED		INJURED		INJURED	
NAME		ADDRESS		PHONE		EXTENT OF INJURY	
AGE		STATE VEH. PASS		OTHER VEH. PASS		PED.	
CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO	
OCCUPATION		EMPLOYED BY		ADDRESS OF EMPLOYER			
PROBABLE DISABILITY WEEKS		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH.	
						OTHER VEH.	
						OTHER	
WITNESS		WITNESS		WITNESS		WITNESS	
NAME		ADDRESS		PHONE			
REMARKS							
DATE		REPORTED BY		REPORTED TO		SIGNATURE(PREPARED BY)	

02-919 (03/06)

ONE COPY - RISK MANAGEMENT

SECOND COPY - AGENCY FILES